

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

Form with fields for DECEASED (Name, Date of Death, Sex, Race, Birth, etc.), PARENTS (Father, Mother), DISPOSITION (Burial, Cemetery), CERTIFIER (Physician, Signature, Date), REGISTRAR (Name, Date Received), and CAUSE OF DEATH (Immediate Cause, Underlying Cause, etc.).

STATE REGISTRAR No. 091876 This is to certify that the above is a true and correct copy of the certificate on file in this office. Date issued: DEC 13 1996 [Signature] State Registrar WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

COPY

NO. **108896**
Filed And Recorded At Request Of
Diane Kelley
May 5, 1997
At 57 Minutes Past 1 O'Clock
P M In Book 127 Of Official Record
Page 543 Lincoln County Nevada.

Yuriko Setzer
County Recorder
by Leticia Boucher
Deputy